

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

9449

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Town Staw Primary Registration District No. _____
 City Kansas City (No. 1323 Harrison)

File No. _____
 Registered No. 1024
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1323 Harrison St., 8 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) mar-2, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF maude-Edwards

22. I HEREBY CERTIFY, That I attended deceased from Jan-1, 1933, to Mar-2, 1933
 I last saw him alive on Mar-1, 1933. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-17-1893

to have occurred on the date stated above, at 9:20 p.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 5 13

Cerebral Brights Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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 Other contributory causes of importance: same

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Dan- Edwards

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Fussie Batchlor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans

17. INFORMANT Mrs. Maude Edwards (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Nutchinson Home DATE Mar-3, 1933

19. UNDERTAKER A. P. Daehler (ADDRESS) 1415 East 15

20. FILED 3/3 1933 M. M. Brown Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) H. Senger, M. D.
 (Address) 4525 Praeger Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Dr. A. C. Longen
4523 Cooper Street
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